



Grantees interested in participating in training workshops and follow-up onsite help may contact Audrey Smolkin (asmolkin@hrsa.gov) for referrals and further information.

August 21, 2001

MUSKEGON COMMUNITY HEALTH ACCESS HEALTH PROJECT

Access Health (<http://www.access-health.org/>) is a community-wide, community-owned health coverage plan that is offered to eligible small and mid-sized businesses in Muskegon County, Michigan to provide health care to working uninsured residents and their dependents. Speaker Gary Packingham shared the details of this nationally recognized, innovative program with grantees on August 21, 2001.

Community Background And Program History

Access Health is a product of the Muskegon Community Health Project (MCHP – <http://www.mchp.org/>), a citizen-led initiative to improve the health status of individuals and families living in the Muskegon County community.

Mr. Packingham emphasized the importance of small business success in the Muskegon community. Muskegon's population of over 170,000 people has an average uninsured rate of 11 percent, primarily including members of working families. Since large corporations have left the area, small businesses have become the driving force behind Muskegon's economy. Unfortunately, 64 percent of these small businesses are not able to offer health coverage to their employees because they cannot afford costly premiums. As a result, as many as 30 percent of working uninsured residents are not seeking treatment for current illnesses.

Access Health was created to serve those individuals and small businesses stuck in the chasm between uninsurance and commercial insurance products. The program's objective is two-fold:

1. To provide quality health insurance to working individuals who would not otherwise be able to obtain it, and
2. To provide small businesses with an attractive incentive to recruit, obtain and retain quality employees.

Funding Model And Organizational Structure

Access Health administrators have developed a three-share funding model for the program: 30% of funding comes from employer contribution, an additional 30% comes from employees, and the remaining 40% is covered by community funds. The community share is comprised of Federal Disproportionate Share Hospital Funds (DSH funds) and local government, community and foundation funds (each dollar of DSH

funding leverages 2 dollars of private sector funding). Mr. Packingham referenced a valuable handbook on disproportionate share funds from the Access Project of Boston that is available at <http://www.accessproject.org/>.

Access Health is not an HMO or an insurance product. It is a 501c3 non-profit organization that is managing the delivery of health care services to working uninsured individuals. A Michigan law was enacted that opened the door for Access Health to maintain non-profit status and provide these services. A Board comprised of physicians, community leaders, community members, pharmacists, and faith leaders guides the Program. It employs a professional sales staff and a case manager, uses marketing consultants for promotional activities and two TPAs (Third Party Administrators) to manage medical and pharmacy payments

The Access Health Coverage Plan

Small Businesses

Eligible businesses must have a median wage of \$10/hour and must not have provided health care coverage during the previous 12 months. Most businesses accepted into the program have fewer than 50 employees, and every small to mid-sized business interested in the program is individually reviewed for inclusion.

Providers

Access Health is not a capitated program. Providers are reimbursed on a Medicaid plus 10 percent formula. Physicians who provide services on a fee-for-service basis donate 10 percent back to the Access Health Program to offset administrative costs.

Recipients

The Access Health plan is available to full and part-time small business employees and their dependents. Coverage for children ages 19-23 is also available. To date, approximately 70 percent of members are females between the ages of 18-40, with an income between \$6-\$12/hour. Most are single mothers who work in the service/retail sector. More than 200 SCHIP child recipients are also co-enrolled in the Access Health program. According to Mr. Packingham, eligible young males typically reject program enrollment. However, young females generally choose to join and often pay to have their children covered by Access Health, even if they are eligible for government assistance.

Service Benefits and Exclusions

The program's benefit structure requires co-payments in order to encourage primary and preventive care while also empowering individuals to be personally responsible for their own health decisions. Covered services include physician services, in-patient hospital stays, outpatient services, emergency room and ambulance services, formulary prescription drugs, diagnostic lab and x-rays, home health services and hospice care. Any services rendered outside of Muskegon County are excluded, as well as any major treatments that would qualify for state coverage due to income level. There is no pre-existing condition exclusion.

Program Achievements

In an effort to serve 3,000 full or part-time working uninsured Muskegon County residents, the Access Health Program has targeted 500 local businesses since September 1999. When the target enrollment of 3,000 individuals is reached, it will

generate approximately \$5 million in new revenue for local health providers, including two major health systems.

Access Health currently has more than 1,000 individual members and more than 300 local business members. An impressive 97 percent of local physicians participate in the program.

Mr. Packingham stated that in only 1.5 years of operation, the Access Health program is already making a difference in the Muskegon community. The number of uninsured residents has been reduced by at least 6 percent, health access has improved for more than 1,000 residents, and health status is slowly improving as more residents join the program. Small businesses are seeing lower turnover and absentee rates, and physicians are happy to have a new revenue stream that can help compensate for Medicaid and Medicare losses.

The Access Health model is a "Shared Wins" program, where all participating members, including residents, physicians, employers and hospitals, share in the extended benefits. Access Health is a replicable model with proven results. It clearly demonstrates the power of community and the mutual benefits of a shared effort.

For more information, visit the following related web sites:

Access Health

<http://www.access-health.org/>

Benefits, exclusions and co-payments:

<http://www.access-health.org/html/benefit.html>

Please address questions for director Jeff Fortenbacher to Audrey Smolkin at asmolkin@hrsa.gov

Muskegon Community Health Project (MCHP)

<http://www.mchp.org/>

Michigan Law

The Michigan law referred to during the conference call is the "Municipal Health Facilities Corporations Act of 1987", also referred to as Act 230 of 1987:

<http://www.michiganlegislature.org/law/GetObject.asp?objName=Act-230-of-1987&queryid=1736477&highlight=health>

The Access Project

Cathy Dunham: (617) 654-9911

<http://www.accessproject.org/>

"Untangling DSH: A Guide for Community Groups to Using The Medicaid DSH Program to Promote Access to Care": <http://www.accessproject.org/publications.htm>

Political Will

The Center For Advancing Community Health (CACH)

Pam Shaheen, Director: (517) 347-7964

<http://www.cachlink.org/>

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